



Public Health Department

Aaron Quin, Interim Director
Andy Miller, M.D., Health Officer

Environmental Health

202 Mira Loma Drive
Oroville, California 95965

T: 530.552.3880
F: 530.538.5339

buttecounty.net/publichealth

April 29, 2019

Forest Village LLC
Attn: Mark / Sam Weiner
P.O. Box 225
Rescue, CA 95672

CITATION # 01_34_19C_001_0400042_01

**RE: FOREST VILLAGE LLC, PWS #04-00042
EXCEEDANCE OF THE BACTERIOLOGICAL MAXIMUM CONTAMINANT LEVEL**

Enclosed is a citation issued to the Forest Village LLC (Water System). The citation is being issued because the Water System failed to achieve the drinking water standard for total coliform bacteria during the month of April 2019. Please read this citation carefully and complete all directives. Public notification is required to inform consumers that the standard was not achieved during this time period. **Another violation will result in additional enforcement fees and further enforcement actions.**

Because your water system had two or more total coliform-positive samples in a month, the U.S. EPA's Revised Total Coliform Rule requires your water system to conduct a Level 1 Assessment. The State has not yet adopted this new rule. We are advising you to comply with the new rule and conduct the assessment as specified in the directives of this citation.

Any person who is aggrieved by an order or decision issued by the Division, may file a petition with the State Water Board for reconsideration of the order or decision. Petitions must be received by the State Board within 30 days of the issuance of the order or decision. The date of issuance is the date when the Division mails a copy of the order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m. See attached Applicable Authorities for relevant statutory provisions for filing a petition.

For more Information regarding filing petitions, visit the following website:

http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions regarding this matter, please call me at 530.552.3864

Sincerely,

Jenifer Kovacs, REHS

Certified Mail No. 7011 2970 0003 9130 4434
Enclosures

CC: Sam Weiner & Mark Weiner, System Manager; Culligan, Certified Operator; Reese Crenshaw, Valley District Engineer- SWRCB Division of Drinking Water

BUTTE COUNTY PUBLIC HEATH

ENVIRONMENTAL HEALTH DIVISION

Public Water System: Forest Village LLC

Water System No.: 0400042

To: Forest Village LLC
Attn: Sam Weiner / Mark Weiner
P.O. Box 225
Rescue, CA 95672

Issued: April 29, 2019

CITATION FOR NONCOMPLIANCE

Citation No. 01_34_19C_001_0400042_01

With Title 22 California Code of Regulations

Section 64426.1(b)

Section 116650 of the California Health and Safety Code (CHSC) authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit, or order issued thereunder.

1 The Butte County Environmental Health (hereinafter "BCEH"), acting by and through
2 its Delegation Agreement with State Water Resource Control Board, Division of
3 Drinking Water (hereinafter "Division") and the Deputy Director for the Division,
4 hereby issues a citation to Forest Village LLC for failure to comply with Section
5 64426.1(b), Title 22, of the California Code of Regulations (CCR).

7 **STATEMENT OF FACTS**

8 The Forest Village LLC, domestic water system (System) is classified as a
9 Community water system serving approximately 21 service connections at 12 homes.
10 In accordance with Section 64423 of Title 22, the System is required to collect one
11 routine bacteriological sample per month. On April 24, 2019, one routine sample was
12 collected from the distribution system, which was found to be positive for total coliform
13 bacteria. On April 26, 2019, 4 repeat samples were taken, 1 being positive for total
14 coliform and E.coli. The positive re-sample was in the Laundry Room, which has its
15 own line, separate from the rest of the distribution system.

17 **DETERMINATIONS**

18 The Division has determined that the System violated Section 64426.1(b)(2), Title 22,
19 of the CCR, in that more than one sample in a month contained total coliform bacteria.

20 The System also triggered a Level 1 Assessment for April 2019 per the revised Total
21 Coliform Rule (rTCR), codified in Title 40 of the Code of Federal Regulations (CFR),
22 Section 141.859.

23 **DIRECTIVES**

24 The System is hereby directed to take the following actions:

- 26 1. Comply with Total Coliform Rule codified in Section 64426.1, Title 22, of the
27 CCR in all future monitoring periods.

2. **Within 30 days** of the issuance of this Citation, provide public notification, **Attachment A**, to all persons served by the System of the MCL violation as required by Section 64463.4(c) and Section 64465, Title 22, of the CCR. Notification shall be completed in accordance Section 64463.4(c)(2).
3. Complete and return **Attachment B**, "Certification of Completion of Public Notification" form **within 10 days** of giving public notice. A copy of the notice used to provide public notification shall be attached to the form.
4. As a result of the April 2019 total coliform results, **within 30 days of the issuance of this Citation**, the System must submit to the Division a completed and signed **Attachment C**, rTCR Level 1 Assessment form. Furthermore, all necessary corrective action specified on the Assessment must be addressed and verified (via fax, email, mail, or phone) to the Division within **30 days of completed Assessment**.
5. Collect and report five (5) routine bacteriological samples in the distribution system in the month of **May 2019**.

All documents required by this Citation to be submitted to the Division shall be submitted to the following address:

Butte County Environmental Health
Attn: Amanda Aguiar
202 Mira Loma Dr.
Oroville, CA 95965

(530) 552-3880 (phone) (530) 538-5339 (fax)

Nothing in this Citation relieves the System of its obligation to meet the requirements of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking Water Act), or any regulation, permit, standard or order issued or adopted thereunder.

The Division reserves the right to make such modifications to this Citation, as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

FURTHER ENFORCEMENT ACTION

The California SDWA authorizes the BCEH to: issue citation with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any permit, regulation, permit or order issued or adopted thereunder including, but not limited to, failure to correct a violation identified in a citation or compliance order. The California SDWA also authorizes BCEH to take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with an order of the BCEH; and to petition the superior court to take various enforcement measures against a public water system that has failed to comply with an order of the BCEH. The BCEH does not waive any further enforcement action by issuance of this citation.

PARTIES BOUND

This Citation shall apply to and be binding upon the System, its officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this Citation are severable, and the System shall comply with each and every provision thereof notwithstanding the effectiveness of any other provision.



April 29, 2019

Elaine McSpadden, Director

Date

Butte County Environmental Health

Attachments:

Attachment 'A' - Public Notification

Attachment 'B' - Certification of Completion of Public Notification

Attachment 'C' - Level 1 Assessment

CC: Sam Weiner & Mark Weiner, System Manager; Culligan, Certified Operator;
Reese Crenshaw, Valley District Engineer- SWRCB Division of Drinking Water

Certified Mail No. 7011 2970 0003 9130 4434

Date: April 29, 2019

BOIL WATER NOTICE

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

BOIL YOUR WATER BEFORE USING

Failure to follow this advisory could result in stomach or intestinal illness.

Due to the recent event, failing to sample for the months of April 2019 resulting in unknown water quality, the State Water Resources Control Board, Division of Drinking Water in conjunction with the Butte County Environmental Health Department, and Forest Village LLC Water System are advising residents to use boiled tap water or bottled water for drinking and cooking purposes as a safety precaution.

DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, **let it boil for one (1) minute**, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water. This is the preferred method to assure that the water is safe to drink.

Optional alternative to include for prolonged situations where it fits.

- An alternative method of disinfection for residents that are not able to boil their water is to use fresh, unscented, liquid household bleach. To do so, add 8 drops (or 1/8 teaspoon) of bleach per gallon of clear water or 16 drops (or 1/4 teaspoon) per gallon of cloudy water, mix thoroughly, and allow it to stand for 30 minutes before using. A chlorine-like taste and odor will result from this disinfection procedure and is an indication that adequate disinfection has taken place.
- Water disinfection tablets may also be used by following the manufacturer's instructions.

We will inform you when tests show that water is safe to drink and you no longer need to boil your water.

For more information call:

Water Utility contact: Denise Thomas (530) 682-6723

State Water Resources Control Board – Drinking Water Field Operations Branch- District Office at (530) 224-4861

Local Environmental Health Jurisdiction: Butte County at (530) 552-3880

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

CERTIFICATION OF COMPLETION OF BOIL WATER NOTICE PUBLIC NOTIFICATION

This form, when completed and returned to Butte County Environmental Health (202 Mira Loma Dr. Oroville, CA 95965 or fax to 530-538-5339), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Department with certification is important. Failure to do so will result in additional hourly time charges to your water utility and will result in a formal enforcement action with monetary penalties.

Public Water System Name Forest Village LLC

Public Water System No. 04-00042

Public notification for **April 2019** Boil Water Notice was performed by the following method(s):

☐ The notice was mailed to customers. List the date(s) the notice was distributed:

☐ The notice was posted in conspicuous places to reach non bill paying consumers. List the locations the notice was posted:

I hereby certify that the above information is factual.

Printed Name

Signature

Date

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER



RTCR Level 1 Assessment Report Form for Positive Total Coliform Investigation
See the RTCR Level 1 Assessment Guidance and Tips document for additional information.

This assessment is intended to review general water system infrastructure, system operation and sampling protocols for potential sources of contamination. This form should be completed by a knowledgeable representative of the water system. To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.

SYSTEM NAME:	Trigger Date:
SYSTEM #:	Investigation Date:

#	Issues	Yes/No	N/A	Potentially	If Yes or Potentially, Identify
1	Unusual occurrences with the water system since the last negative routine bacteriological sample:				
	Loss of pressure <5 psi	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Heavy precipitation and/or flooding	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Customer complaints of water quality or pressure	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Evidence of unauthorized access/vandalism	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
2	Interruption in disinfection treatment	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Changes to water system since last negative routine bacteriological sample:				
	Piping modified or repaired	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	System components replaced or repaired	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Changes in operational procedures or personnel	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
3	Groundwater source contamination:		<input type="checkbox"/>		Proceed to section 4 if groundwater is not used.
	Repeat bacteriological sample(s) from raw source water is positive for total coliform	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Wells:		<input type="checkbox"/>		
	Cracks or holes in the well casing above grade	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Water can leak through well top seal	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	The well is not equipped with a downturned screened vent.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Water can leak through well head penetrations for electrical or sounding equipment	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Leaking pipes or standing water around the well(s)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	

	Springs and/or Horizontal Wells:		<input type="checkbox"/>			
	The collection site is overgrown with vegetation.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Flowing/standing water around the collection site	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Evidence of animal activity around the collection site (grazing/burrowing)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Rodents, insects or roots in the spring box	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	Surface water or GWUDI treatment issues		<input type="checkbox"/>			
	CT not met at all times	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Spikes in raw or filtered water turbidity	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Alarms and auto shutdowns are not properly set or functioning.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
5	Tank(s) storage, clearwell, backwash return:		<input type="checkbox"/>		Proceed to section 6 if there are no tanks.	
	Openings in tank roof that rain water can enter	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Rodents, birds, insects or other unexpected materials inside tank	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Tank air vents are not properly screened to prevent insects from entering.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Hatches or access ladders left unlocked	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	For redwood tanks, signs of birds/animals burrowing or nesting into the tank	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	root intrusion, for underground tanks	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	Distribution system					
	Low pressure transmission lines	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Dead end lines	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Interties with non-potable water systems or sources (even if valved off)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Any certified backflow prevention devices not tested in the previous calendar year.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	Sample site and sampling procedures					
	Sample sites are not the ones identified in the approved bacteriological sample siting plan.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Sample taps are wet, leaking or dirty	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	The sample collector was not properly trained	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
	Is there a seasonal pattern in positive samples when reviewing historical monitoring?	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		
8	Other	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>		

SUMMARY: Based on the results of your investigation and any other available information, what do you believe to be the cause(s) of the positive total coliform samples from your water system? Also, include any items that could potentially lead to contamination. (REQUIRED)

--	--

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned issue(s)? If additional time is needed to correct a deficiency, indicate a correction date or contact your local regulating agency for a reasonable timeline for correction. (REQUIRED)

--	--

CERTIFICATION: I certify that the information submitted in response to the questions above is accurate to the best of my knowledge.

Name: _____

Title: _____

Signature: _____

Date: _____